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07/30/2008

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| (Depositor's Name) |
| (Signature) |
| (Date) |

| APPLICATION NO | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO | CONFIRMATION NO. |
|----------------|-------------|----------------------|--------------------|------------------|
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10/781 852

07/20/2004

Kenneth M Adams

2401 139 US

1650

TITLE OF INVENTION: SURGICAL ELONGATE BLADE ASSEMBLY WITH INTERCHANGEABLE INNER MEMBER, KIT AND METHOD
RELATING THERETO

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional | NO | \$1440 | \$300 | \$0 | \$1740 | 10/30/2008 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|----------|----------|----------------|
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TRUONG, KEVIN THAO

3734

606-170000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.302).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE (CITY AND STATE OR COUNTRY)

Medtronic Xomed, Inc.

Jacksonville, Florida

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

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- ☐ A check is enclosed.
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☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any system overpayment, to Deposit Account Number (enclose an extra copy of this form).

5. Change In Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature /Robert H Epstein/

Date 10/21/2008

Typed or printed name Robert H. Epstein

Registration No. 24,353

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